PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Adoption Factors Associated with Electronic Health Record among Long-Term Care Facilities – A Systematic Review
AUTHORS	Kruse, Clemens; Mileski, Michael; Alaytsev, Vyachelslav; Carol, Elizabeth; Williams, Ariana

VERSION 1 - REVIEW

REVIEWER	Clinical Associate Professor Terry Hannan
	Dr Terry J. Hannan MBBS;FRACP;FACHI;FACMI
	Consultant Physician
	Clinical Associate Professor School of Human Health Sciences,
	University of Tasmania Department of Medicine, Launceston
	General Hospital
	Charles Street Launceston 7250
	Australia
REVIEW RETURNED	06-Oct-2014

GENERAL COMMENTS	With some minor changes this manuscript is suitable for publication. I have some very minor comments to make on this revised document. On Page 6. in relationship to the authors comments on assisted living and EMRs the following can be stated. "I believe by definition
	that this IS a definition of why these institutions NEED an EMR. These patient's often have clinical scenarios that would benefit from having an EMR/CDS. "Transition" from assisted-living to LTC needs and EMR."
	In Table 1. The "Vendor Group" has no barriers listed. Is this an oversight or requires some explanation in the text? In Table 2. I found the middle column unnecessary as the citations are in the text and all that is required is the listing of the number of occurrences.

REVIEWER	Debra Dobbs
	University of South Florida, US
REVIEW RETURNED	30-Nov-2014

GENERAL COMMENTS	The authors have a conducted a systematic lit review of the
	facilitators and barriers to adoption of electronic health records. The
	paper is well written and organized and makes an excellent
	contribution to the literature. One issue for revision is the description
	of why assisted living facilities are excluded. These are considered
	settings that provide long term care for chronic conditions to close to
	one million older adults. The rationale for exclusion needs to be
	stronger.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name Clinical Associate Professor Terry Hannan

- *Please state any competing interests or state 'None declared': NONE DECLARED
- --In the last section of the paper "Funding" we reworded the competing interest statement to read "None declared."

With some minor changes this manuscript is suitable for publication. I have some very minor comments to make on this revised document.

*On Page 6. in relationship to the authors comments on assisted living and EMRs the following can be stated. "I believe by definition that this IS a definition of why these institutions NEED an EMR. These patient's often have clinical scenarios that would benefit from having an EMR/CDS. "Transition" from assisted-living to LTC needs and EMR."

- --We clarified this statement at the bottom of page 4, in the section titled "Identification and definition of key terms." The sentence begins with "While we think that an EHR would be beneficial at all levels .
- *In Table 1. The "Vendor Group" has no barriers listed. Is this an oversight or requires some explanation in the text?
- --We do not understand this comment. There was no category named "vendor group." There were four faciltiators/barriers that included the word "vendor" in the table, but there was not a group for vendors.
- *In Table 2. I found the middle column unnecessary as the citations are in the text and all that is required is the listing of the number of occurrences.
- --We removed the middle column.

Reviewer: 2

Reviewer Name Debra Dobbs

Institution and Country University of South Florida, US

- *Please state any competing interests or state 'None declared': None declared
- --In the last section of the paper "Funding" we reworded the competing interest statement to read "None declared."

The authors have a conducted a systematic lit review of the facilitators and barriers to adoption of electronic health records. The paper is well written and organized and makes an excellent contribution to the literature. One issue for revision is the description of why assisted living facilities are excluded. These are considered settings that provide long term care for chronic conditions to close to one million older adults. The rationale for exclusion needs to be stronger.

--We clarified this statement at the bottom of page 4, in the section titled "Identification and definition of key terms." The sentence begins with "While we think that an EHR would be beneficial at all levels . . ."

Additionally, we simplified the structure of Table 1 to include the reference number in superscript after the mention of the study.